

LAB FEE EXPENSE REQUEST

A. GENERAL INFORMATION:

| | |
|----------------|--|
| Today's Date: | |
| COURSE NUMBER: | |
| SEMESTER: | |
| FACULTY NAME: | |

Does this course colled lab fees? (if "No" you do not need to complete this form) Yes No

Please briefly describe the benefit of this purchase/travel to the students:

SECTION B is for Field Trips. SECTION C is to request lab supplies/equipment.

B. TRAVEL INFORMATION:

Date(s) of Activity:

Destination:

Departmental Van
*(*Departmental Request Form must be completed as well):*

Estimated miles for Van #1 _____ @ \$2.37/mile: Amount: \$ _____

Estimated miles for Van #2 _____ @ \$2.37/mile: Amount: \$ _____

Departmental Van Drivers (must be certified):

of Drivers _____ @ \$_____/hour for _____ total hours: Amount: \$ _____

Enterprise Requests:

#1: Amount: \$ _____

#2: Amount: \$ _____

Travel Authorization info (if applicable):

Amount for Lodging/camp fees: Amount: \$ _____

Amount for per diem: Amount: \$ _____

Amount for _____: Amount: \$ _____

Amount for _____: Amount: \$ _____

Other Associated expenses/supplies for Travel:

Expense: _____ Amount: \$ _____

Expense: _____ Amount: \$ _____

C. PURCHASES:

Expense: _____ Amount: \$ _____

Expense: _____ Amount: \$ _____

D. TOTAL AMOUNT AND SIGNATURE

| | |
|--|--|
| Total dollar amount of request: | |
| Signature of Requesting Party: | |
| Chair's Signature (only required if over \$100): | |

Request to Use Departmental Van(s)

| | |
|--------------------------------|--|
| Today's Date: | |
| | |
| Requestor: | |
| | |
| Request for Blue Van: | |
| Request for Silver Van: | |
| | |
| Pick-up Date/Time: | |
| Return Date/Time: | |
| | |
| Destination(s): | |
| | |

| | |
|----------------------------------|--|
| Use for Lab Course (A941) | |
| | |
| Course Number: | |
| Instructor: | |

| | |
|-----------------------------|--|
| Use for Other (A000) | |
| | |
| Justification: | |
| | |

| | |
|----------------------------------|--|
| Use for Research or Grant | |
| | |
| Fund Number: | |

| | |
|-----------------------|--|
| Van Driver(s): | |
| | |
| | |
| | |

LAB FEE EXPENSE REQUEST INSTRUCTIONS

- The Lab Fee Expense Request form is to provide the department with a good estimate of how much the field trip or equipment/supplies will impact the lab fee budget.
 - **Section A** – Complete in its entirety
 - **Section B** – complete for Field Trips. If you will be reserving the Departmental Vans, you must also complete the “Request to Use Departmental Van(s)” form (Page 2).
 - **Section C** – complete for any lab equipment or supplies
 - **Section D** – will calculate automatically
- Once you’ve completed the form(s) email them to Quinda Richardson at grichardson@seoe.sc.edu for processing and review of the van availability and/or enterprise routing. Quinda will then send your Lab Fee Expense Request to Barbara for budget check.
- You will be notified by Barbara via email whether your request has been granted or denied by Dr. Chametzky. If any of the field trip requests involve Travel Authorizations, Quinda will work with you on getting this set up in the system.
- For any questions, please contact Quinda or Barbara (barnesbh@mailbox.sc.edu)